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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/AU04/01499 10/29/2004

** FOREIGN APPLICATIONS *****

AUSTRALIA 2003905954 10/29/2003

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged (RAJIV J RAJ/) Examiner's Signature			AUSTRALIA	10	68	4

ADDRESS

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TITLE

System and process for facilitating the provision of health care

FILING FEE RECEIVED 1815	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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